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# DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As a below named inventor, I hereby declare that my residence, post office address and citizenship are as stated below next to my name, and I believe I am the original, first and sole inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

## SURGICAL INSTRUMENT AND RELATED METHODS

the specification of which:

(check one)  is attached hereto.

[ ] was filed on \_\_\_\_\_ as Serial No. \_\_\_\_\_

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above, to the best of my ability. I acknowledge the duty to disclose information which is material to the examination of this application in accordance with 37 C.F.R. 1.56 as set forth on the reverse side hereof. I hereby claim foreign priority benefits under 35 U.S.C. 119/365 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date (1) before that of the application on which priority is claimed or (2) if no priority claimed, before the filing date of this application:

### PRIOR FOREIGN APPLICATION(S)

Number	Country	Month/Day/Year Filed	Priority Claimed	
			Yes	No

I hereby claim the benefit under 35 U.S.C. 120/365 of all United States and PCT international applications listed below, and insofar as the subject matter of each of the claims of this application is not disclosed in such prior applications in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose material information as defined by 37 C.F.R. 1.56 which occurred between the filing date of the prior applications and the national or PCT international filing date of this application:

### PRIOR U.S. OR PCT APPLICATION(S)

Application Serial No.	Month/Day/Year Filed	Patented	Status Pending	Abandoned

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. And I hereby appoint:

Thomas P. Liniak, Reg. #33,415; Joseph W. Berenato, III, Reg. #30,546; John M. White, Reg. #32,634;  
Jeffrey I. Auerbach, Reg. #32,680; Matthew W. Stavish, Reg. #36,286; Matthew F. Johnston, Reg. #41,096;  
George Ayvazov, Reg. #37,483; Robert D. Jones, Reg. #53,841; William C. Schrot, Reg. No. 48,447;  
Andrew McKinney, Jr., Reg. #34,672; David Taylor, Reg. #39,045

Liniak, Berenato & White  
6550 Rock Spring Drive, Ste. 240  
Bethesda, Maryland 20817  
(301) 896-0600

(to whom all communications are to be directed)

to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith and with the resulting patent.

1) Inventor's signature:

Inventor's Name (typed) Tony N. Aram Citizenship: United States  
Residence: 5005 Piney Branch Road, Fairfax, Virginia 22030

Date:

4/28/04

## DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As a below named inventor, I hereby declare that my residence, post office address and citizenship are as stated below next to my name, and I believe I am the original, first and sole inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

## SURGICAL INSTRUMENT AND RELATED METHODS

the specification of which:

(check one)  is enclosed hereto.  
 was filed on \_\_\_\_\_ as Serial No. \_\_\_\_\_

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as ~~amended~~ by any amendment referred to above, to the best of my ability. I acknowledge the duty to disclose information which is material to the examination of this application in accordance with 37 C.F.R. 1.56 as set forth on the reverse side hereof. I hereby claim ~~from~~ priority benefits under 35 U.S.C. 119/365 of any foreign application(s) for patent or inventor's certificate listed below and have ~~also~~ identified below any foreign applications for patent or inventor's certificates having a filing date(?) before that of the application which priority is claimed or (2) if no priority claimed, before the filing date of this application:

## PRIOR FOREIGN APPLICATION(S)

Number	Country	Month/Day/Year Filed	Priority Claimed Yes	No

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## PRIOR U.S. OR PCT APPLICATION(S)

Application Serial No.	Month/Day/Year Filed	Patented	Serial Pending	Abandoned

I hereby declare that all statements made herein of my invention are true and that I haveade on information and belief of are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1010 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. And I hereby appoint:

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(to whom all communications are to be directed)

to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith and with the resulting patent.

1)

Inventor's signature:   
 Inventor's Name (typed) Steve J. Aram Citizenship: United States  
 Residence: 770 Gold Eagle Drive, Whitehouse, Virginia 20192

Date: 01/21/04